

# Work Order ID 95604

\*95604\*

Jan 15  
Page 1

Tuesday, January 15, 2013 1:36:34 PM

Item ID: D3384-041

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Cyclic Sock Assembly

Stop \*NS2\*

Start Date: 1/15/2013 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 1/22/2013 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan: MF

Date: 1-1-15

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2690	B2
D3384	C

100 0.00

\*100\*

Small Fab

Small Fab

Memo

0.00

Small Fab

1- Cut cable as per dwg D2690  
2- ASSEMBLE PER DRWG D3384 REV.B

8x

13/01/16

110

QC5- Inspect part completeness to step on W/O

0.00

\*110\*

QC

Memo

0.00

Quality Control

DAS  
15  
13.1.16

8

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions  <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 95604

\*95604\*

Page 2

Tuesday, January 15, 2013 1:36:34 PM

Item ID: D3384-041

Accept

\*N9000040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Cyclic Sock Assembly

Stop \*NS2\*

Start Date: 1/15/2013 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 1/22/2013 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

Identify as per dwg & Stock Location: ST 492

0.00

\*120\*

Packaging

Memo

0.00

Packaging

8x

SP  
13-01-16

130

QC21- Final Inspection - Work Order Release

0.00

\*130\*

QC

Memo

0.00

Quality Control

13/1/16

13-01-16

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

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Doc/Data									
Equip/Tooling									
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Setup									
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### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	
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# Picklist Print

Tuesday, January 15, 2013 1:36:33 PM

Page 1

Work Order ID: 95604

Parent Item: D3384-041

Parent Item Name: Cyclic Sock Assembly

Start Date: 1/15/2013

Required Date: 1/22/2013

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP Rev:A 07-12-04 new issue DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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CBL-1240		Purchased	No			100	f	1,221.6118	2.208	17.664			
Cable													

Location	Loc Qty	Loc Code
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GA	1221.611849	
113565	3.911789	
119690	387.00006	
122190	330.7	
123283	500	

CBL-460		Purchased	No			100	Each	387.0000	2	16			
Loop Sleeve													

Location	Loc Qty	Loc Code
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GA	387	
123283	87	
124272	300	

D3384-1		Manufactured	No			100	Each	27.0000	1	8			
Cyclic Sock													

Location	Loc Qty	Loc Code
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ST492	27	
89068	7	
91822	20	

*Handwritten notes and signatures:*

- Signature: *[Signature]* Date: *1/13/01/16*
- Signature: *[Signature]* Date: *1/13/01/16*
- Signature: *[Signature]* Date: *1/13/01/16*
- Signature: *[Signature]* Date: *1/13/01/16*

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

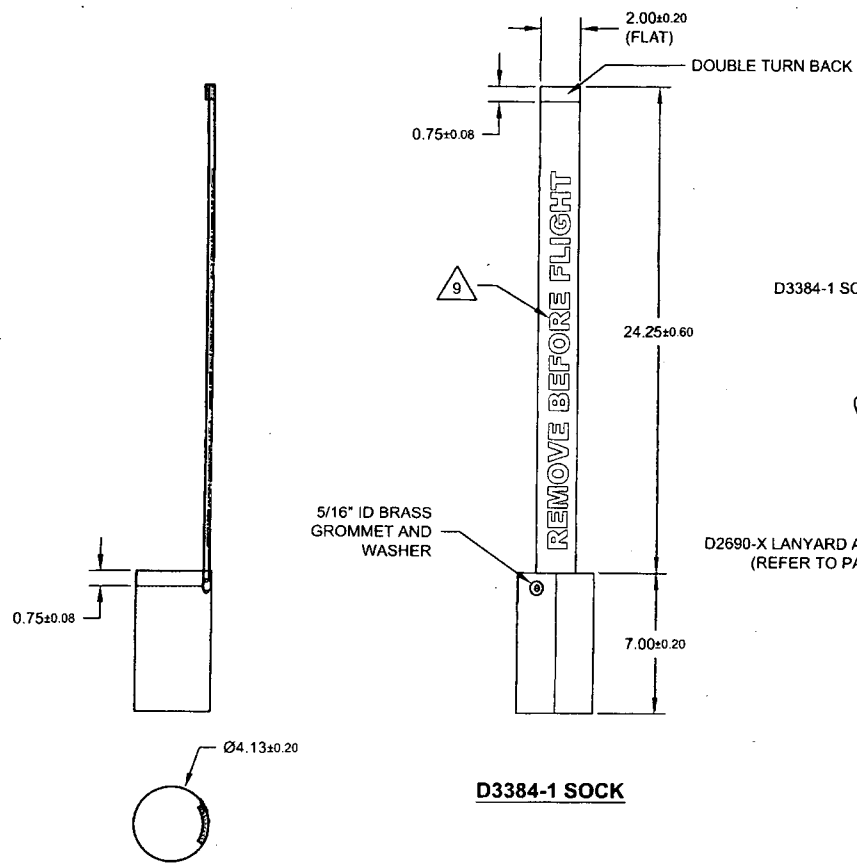
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
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Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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# 95604  
REMOVE BEFORE FLIGHT

QTY -041	QTY -043	QTY -045	QTY -047	QTY -049	P/N	DESCRIPTION
X					D3384-041	SOCK ASSEMBLY
	X				D3384-043	SOCK ASSEMBLY
		X			D3384-045	SOCK ASSEMBLY
			X		D3384-047	SOCK ASSEMBLY
				X	D3384-049	SOCK ASSEMBLY
	1				D2690-8	LANYARD ASSEMBLY
		1			D2690-20	LANYARD ASSEMBLY
1					D2690-24	LANYARD ASSEMBLY
			1		D2690-28	LANYARD ASSEMBLY
				1	D2690-30	LANYARD ASSEMBLY
1	1	1	1	1	D3384-1	SOCK

**D3384-1 SOCK**

**D3384-0XX SOCK ASSEMBLY**

RELEASED  
2012-06-25

**D3384-1 NOTES:**

- 1) SUPPLIER: TULMAR P/N 8972
- 2) MATERIAL: 420 DENIER NYLON CLOTH, PVC COATED, COLOUR RED
- 3) THREAD: STITCHING IAW D-6193 6 TO 10 STITCHES PER INCH USING V-T-295 RED NYLON THREAD, TY2, CL A, SIZE E
- 4) FINISH: NONE
- 5) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 6) UNITS: INCHES UNLESS OTHERWISE NOTED
- 7) BREAK SHARP EDGES: N/A
- 8) IDENTIFICATION: NONE
- 9) WEIGHT: N/A
- 9) STENCIL THE FOLLOWING: "REMOVE BEFORE FLIGHT" ON BOTH SIDES OF STRIP WITH 1" LETTERS USING WHITE INK AS PER SUPPLIER

C	UPDATED NOTE 9. REASON: PAR12-204.	MB	12.06.25
B	CHG TOLERANCES DWG UPDATED ADD MATERIAL & SUPPLIER INFO	DC	07.11.23
A	NEW ISSUE	RF	05.01.20
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	12.06.25		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3384  
TITLE: SOCK ASSEMBLY  
REV. C  
SHEET 1 OF 1  
SCALE: NTS

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NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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